

Public Health Service

Albuquerque Area Indian Health Service 5300 Homestead Road, N.E. Albuquerque, New Mexico 87110

DHR-AN-01-07

DATE: July 30, 2001

TO: Division Directors, AAIHS, NAIHS

Chief Executive Officers, AAIHS, NAIHS

Attention: All Supervisors

FROM: Director, Division of Human Resources

Albuquerque Area Indian Health Service

SUBJECT: Guidance for Approving Requests for Advance Leave

This memorandum serves as an annual reminder to provide guidance on addressing requests for advance annual and sick leave.

Requests for advance leave should be reviewed in a fair and consistent manner. Of equal importance and concern is the need to ensure that appropriate controls are in place to manage advanced leave. Each request should be reviewed and evaluated on a case-by-case basis and not to automatically approve all requests for advance annual and sick leave. While assuring fairness and consistency, supervisors should take into account the need to maintain an adequate staff to ensure coverage for the provision of patient care and in carrying out the mission of the Indian Health Service.

The Indian Health Manual, Chapter 5, Delegations of Authority, Exhibit I-5.2F-I, dated November 2, 1987, (clarified by errata notice of June 21,1988) outlines the authority delegated by the Director, IHS, to immediate supervisors to approve the advance of annual and sick leave up to 40 hours. The Director also delegated to appropriate officials in the line of authority to approve advances of annual and sick leave beyond 40 hours for each category of leave. (See section 2.c., page 2 of attached exhibit.)

The following overview and guidance is provided and should be used when you (or your subordinate supervisors) are adjudicating employee requests.

- 1. Employees have no entitlement to advance annual or sick leave.
- 2. Advance annual and sick leave must not be approved when it is likely the employee will retire, be separated or resign before the advance leave will be earned.
- 3. Make your subordinate supervisors aware of their authority as outlined in the HIS Delegation of Authority (copy attached). While Service Unit Directors may grant advance leave over 40 hours, Health Center Directors have not been delegated that authority.
- 4. Set time requirements for submission of requests by employees. Specify how much in advance the employee must make their request (i.e., 30 days prior to time employee wants off). Many employees believe that approval of advance annual and sick leave is automatic and submit their requests the day they wish to be off, leave before approval is granted and end up being charged absent without approved leave (AWOL).
- 5. Review the employee's administrative leave record. Take into consideration the employee's current leave balances and leave usage over (at a minimum) the past year. Requests from employees who have zero leave balance(s) need to be carefully scrutinized.

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- 6. Require specific information regarding the reason(s) for the request (i.e., many employees request sick leave for an entire period of desired absence for maternity purposes). Sick leave is only appropriate for periods of incapacitation during pregnancy, childbirth and recuperation after the birth of the baby. Once the employee is released by the physician to return to work, annual leave or LWOP is appropriate to care for the baby.
- 7. Requests for advance of sick leave **must** be supported by acceptable medical documentation from a physician which indicates the seriousness of the illness or incapacitation, length of time the employee is expected to be away from work, and whether there is a reasonable expectation that the employee will be able to perform his/her duties upon return.
- 8. Requests must be routed through supervisory channels, and at a minimum, the immediate supervisor must make a recommendation for approval or disapproval to the approving official.
- 9. Make certain you and your subordinate supervisors are aware of the maximum amount of leave that can be advanced as stated in HHS Instruction 630-1.
 - Annual leave may only be advanced up to the amount that a permanent employee will earn by the end of the leave year. Temporary employees may only be advanced the amount of annual leave that they would earn by the end of the current leave year or the end of their appointment, whichever is sooner.
 - Sick leave may only be advanced up to 30 days for permanent employees. Temporary employees may only be advanced the amount of sick leave they would earn by the end of the current leave year or the end of their appointment, whichever is sooner.

Additional advances of leave should be avoided while an employee has a minus balance. Only in the most unusual circumstances should additional advance leave be granted.

10. Prior to approving requests for advance leave, counsel the employee and supervisor to consider alternatives such as leave without pay or an adjustment of work schedule from full to part time or intermittent employment during the absence thus allowing the employee to work less than 8 hours daily. Make all employees aware of the availability of the Leave Sharing Program.

Please share this information with your supervisors, managers and employees. A copy of this memorandum is available on-line at the Division of Human Resources website at www2.ihs.gov/aaodhr. If you have any questions, please contact Vince Lujan, Ernestine Overfield at (505) 248-4510 or your local Human Resources Office.

Martha Aragon

Attachments

cc: Health Center Directors Administrative Officers Administrative Liaison, National Programs Executive Officer, Nashville Area IHS

DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Indian Health Service Rockville, Maryland 20857

INDIAN HEALTH SERVICE CIRCULAR NO. 88-4

ERRATA NOTICE

This IHS Errata Notice is in reference to Indian Health Manual Part I, Chapter 5, Delegations of Authority, Exhibit 1-5.2F-1 Subject: Grant Leave, Excuse Absence, Approve Overtime and Approve Restoration of Annual Leave.

Please make a pen and ink change to page 2 of Transmittal Notice No. 87.11, dated November 2, 1987. Under number 2.c. regarding approving advance leave, please change "up to 80 hours" to "beyond 40 hours". The sentence should read "Approve the advance of annual and sick leave beyond 40 hours for each category of leave."

Everett R. Rhoades, M.D. Assistant Surgeon General Director

CHAPTER 5 DELEGATIONS OF AUTHORITY

SUBJECT: GRANT LEAVE, EXCUSE ABSENCE, APPROVE CVERTIME AND APPROVE RESTORATION OF ANNUAL LEAVE

- 1. Pursuant to the authority delegated to me by the Administrator, Health Rosources and Services Administration (HRSA), on August 26, 1987, I hereby delegate to the following officials the authority to:
 - a. Grant accrued and accumulated annual leave and sick leave and other types of paid leave authorized by law or regulation;
 - b. Approve the advance of annual and sick leave up to 40 hours for each category of leave;
 - c. Approve leave without pay (LWOP), up to an accumulative amount of 40 hours in a calendar year;
 - d. Require employees to take involuntary leave, or charge employees with absence without leave (AWOL); and
 - e. Excuse absence without charge to leave for occasional, unavoidable absences of less than 1 hour per day.

TO WHOM DELEGATED

AREA OF AUTHORITY

The Leave Approving Officer (The Immediate Supervisor)

The respective reporting unit consisting of all employees under the direct supervision of one supervisor.

The following restrictions apply:

- 1) NO EMPLOYEE MAY APPROVE HIS/HER OWN LEAVE.
- 2) All leave for Area Directors is required to be approved <u>prior</u> to leave being taken. Proposed leave is requested to be submitted along with the quarterly travel plan fifteen (15) days before each quarter to the Director, Indian Health Service.

Emergent or unplanned leave must be communicated by telephone to the Office of the Director, Indian Health Service, by the designated Acting Director, Area Office, on the day leave is taken by the Area Director.

3) Employees whose duty station is not physically located in the same location as their immediate supervisor are required to have their leave approved prior to the leave being taken by their leave approving officer. Emergent or unplanned leave will be communicated to the immediate supervisor by telephone on the day of leave being taken by the designated acting official or the employee.

CHAPTER 5 DELEGATIONS OF AUTHORITY

NOTE: Officials in line of supervision over those whom an authority has been delegated are also authorized to exercise that authority to the extent that it has been delegated to their subordinates.

- 2. Pursuant to the authority delegated to me by the Administrator, HRSA, on August 26, 1987, I hereby delegate to the following officials the authority cited under No. 1 above and the authority to:
 - a. Approve regularly scheduled overtime;
 - b. Approve irregular and occasional overtime;
 - beyond 40

 c. Approve the advance of annual and sick leave ep as the hours for each category of leave;
 - d. Approve leave without pay, require employees to take involuntary leave, or charge employees with absence without leave;
 - e. Excuse absence beyond 1 hour without charge to leave to the extent permitted by law, regulation and policy.

DELEGATED TO AREA OF AUTHORITY Deputy Director Service Wide Associate Director, Office of Administration Service Wide and Management Associate Director, Office of Health Programs Respective Organization Associate Director, Office of Planning, Evaluation Respective Organization and Legislation Associate Director, Office of Environmental Health Respective Organization and Engineering Associate Director, Office of Tribal Activities Respective Organization Associate Director, Office of Health Program Tucson, Arizona Development Director, Clinical Support Branch Respective Program Area Directors Respective Area Respective Area Deputy Directors Area Chief Medical Officers Respective Area Executive Officers Respective Area Albuquerque Edgtrs Prog. Administrative Coordinator Service Unit Directors Respective Service Unit Administrative Officers Respective Service Unit

The authority to approve regularly scheduled overtime, and irregular and occasional overtime may be redelegated but must be exercised by the second level of supervisor or higher except that it may be redelegated to the first-level supervisor when the second-level supervisor is not in the same commuting area. All Headquarters authorizations for overtime shall be processed in accordance with the procedures outlined in the IHS Circular 84-3.

CEAPTER 5 YELEGATIONS OF AUTRORITY

3. Pursuant to the authority delegated to me by the Administrator, HRSA, on August 26, 1987, I hereby delegate to the following officials the authority to make the determination that conditions exist which permit restoration of annual leave (under the provision of section 6304, Title 5, U.S Code):

DELEGATED TO

Deputy Director Associate Director, Office of Administration and Management Associate Director, Office of Health Programs Associate Director, Office of Planning, Evaluation and Legislation Associate Director, Office of Environmental Health and Engineering Associate Director, Office of Tribal Activities Associate Director, Office of Health Program Development Director, Clinical Support Branch Area Directors Deputy Directors Area Chief Medical Officers Executive Officers Administrative Coordinator Service Unit Directors

AREA OF AUTHORITY

Service Wide Service Wide

Respective Organization Respective Organization

Respective Organization

Respective Organization

Tucson, Arizona
Respective Program
Respective Area
Respective Area
Respective Area
Respective Area
Albuquerque Hdqtrs Prog.
Respective Service Unit

AUTHORITY TO REDELEGATE

This authority may not be redelegated.

A designated official may not exercise this authority if the official is in the immediate organizational unit affected by the exigency or if the official would be affected by the decision. In such cases, the authority shall be exercised by the Director, Indian Health Service or one of the officials listed above whose Area of Authority is Service Wide.

EXCLUSIONS OR LIMITATIONS

- (1) This delegation does not include the authority to:
 - a. Approve irregular and occasional or regularly scheduled overtime payment for work performed at home (HHS Personnel instruction 300-2). The prior approval of the Assistant Secretary for Personnel Administration (ASPER) must be obtained before such overtime is authorized.

CHAPTER 5 DELEGATIONS OF AUTHORITY

- types of assignments as authorized under OPH regulation 550.141. The Director, Office of Personnel Management, PHS, retains authority to authorize annual compensation under this regulation.
- c. Authorize additional compensation on an annual basis for special types of assignments as authorized under OPM regulation 550.151. The ASPER or his/her designee retains authority to authorize additional annual compensation under this regulation.
- d. Excuse absence by temporarily closing a Department workplace. This authority is exercised by officials designated in Instruction 610-3 of the HHS Personnel Manual.
- This delegation excludes authority for personnel staffs in or under Indian Health Service Area Offices. The Assistant Secretary for Personnel Administration (ASPER) delegated the authorities cited under 1.(a) and 1.(b) above to the Regional Directors for the personnel staffs of each Indian Health Service (IHS) Area that has its Area Office in their respective regions. The authorities for these personnel staffs must be redelegated with further redelegation authorized. Redelegation is to be from the Regional Directors to the Regional Personnel Officers.

 And are to redelegate to the IHS Area Directors for their personnel staffs.

INFORMATION AND GUIDANCE

Requirements and instructions for exercising these authorities are contained in HHS Personnel Instruction 532-4, 550-1, and 630-1.

PRIOR DELEGATION

This delegation supersedes prior delegation dated January 31, 1986.

EFFECTIVE DATE

This delegation is effective upon date of signature.

Date: 11/2/87

Director

Indian Health Service

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